

## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed and approved. All further correspondence including the Issue Fee Receipt, the Patent, advance order for publication of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

021567 WM01/0618  
WELLS ST JOHN ROBERTS GREGORY AND MATKIN  
SUITE 1300  
601 W FIRST AVENUE  
SPOKANE WA 99201-3828

I hereby certify the Issue Fee is being hand-delivered to the Issue Fee Branch, Assistant Commissioner of Patents, Washington, D.C. 20231 on the date indicated below.

Printed Name: Sunny DownsSignature: Sunny DownsDate: 7-10-01

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	(Date)	DATE MAILED
09/556,235	04/24/00	038	PATEL, A	2662	06/18/01
First Named Applicant: <u>WOOD,</u> 35 USC 154(b) term ext. = <u>0</u> Days.					

TITLE OF INVENTION METHOD OF ADDRESSING MESSAGES AND COMMUNICATIONS SYSTEM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	M140- <del>XXXX</del> 283	370-346.000	H77	UTILITY	NO	\$1240.00 09/18/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wells, St. John, Roberts,  
1. Gregory & Markin, P.S.

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE MICRON TECHNOLOGY, INC.(B) RESIDENCE: (CITY & STATE OR COUNTRY) BOISE, IDAHO

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☒ Issue Fee  
☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

- DEPOSIT ACCOUNT NUMBER \_\_\_\_\_  
(ENCLOSE AN EXTRA COPY OF THIS FORM)  
☐ Issue Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Deepak Mahotra(Date) 7/10/01Deepak Mahotra, Reg. No. 33,5607/10/01

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burdens Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/13/2001 AHWDHAF2 00000115 09556235

01 FC:142  
02 FC:15611240.00 0P  
30.00 0P

TRANSMIT THIS FORM WITH FEE